

DECLARATION AND POWER OF ATTORNEY

John S. Beulick
314/621-5070

DECLARATION AND POWER OF ATTORNEY

Attorney's Docket No.

15-CT-5233

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application and any patent issued thereon.

SOLE OR FIRST INVENTOR:

Full Name: David M. HoffmanSignature: Date: 12/6/00Residence: New Berlin, WICitizenship: USPost Office Address: 13311 West Sunnyview Drive, New Berlin, Wisconsin 53151

SECOND JOINT INVENTOR, IF ANY:

Full Name: *

Signature: _____

Date: _____

Residence: *

Citizenship: *

Post Office Address: *

THIRD JOINT INVENTOR, IF ANY:

Full Name: *

Signature: _____

Date: _____

Residence: *

Citizenship: *

Post Office Address: _____

FOURTH JOINT INVENTOR, IF ANY:

Full Name: *

Signature: _____

Date: _____

Residence: *

Citizenship: *

Post Office Address: _____

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